

# **FY 2009 HCPC CODING AND RATES FOR MEDICAID NEW CHOICES WAIVER SERVICES**

<b>SERVICE/PROCEDURE</b>	<b>UNIT OF SERVICE</b>	<b>PROGRAM IDENTIFIER</b>	<b>HCPC PROCEDURE CODE</b>	<b>FY2009 MAXIMUM ALLOWABLE RATE</b>
Personal emergency response system installation, testing & removal, base	Each	U8 (required)	S5160	\$51.50
Adult Day Care (Adult Day Health)	Per day	U8 (required)	S5102	\$39.18
Adult Residential Services (Adult Host Homes)	Per day	U8 (required)	S5140	\$82.98
Adult Residential Services (Assisted Living Facilities)	Per day	U8 (required)	T2031	\$72.57
Adult Residential Services (Certified Residential Care / Alzheimer Secured Unit)	Per day	U8 (required)	T2016	\$85.94
Adult Residential Services (Licensed Community Residential Care)	Per day	U8 (required)	T2033	\$107.43
Assistive Technology Devices	Per Item	U8 (required)	T2028	\$2,000.00
Attendant Care Services	15 minute	U8 (required)	S5125	\$3.03
Caregiver Training	15 minute	U8 (required)	S5115	\$5.08
Case Management	15 minute	U8 (required)	T1016	\$20.81
Chore Services	15 minute	U8 (required)	S5120	\$4.97
Consumer Preparation Services	15 minute	U8 (required)	S5108	\$14.44
Environmental Accessibility Adaptations (Home Modifications)	Per episode	U8 (required)	S5165	\$2,000.00
Environmental Accessibility Adaptations (Vehicle Modifications)	Per episode	U8 (required)	T2039	\$2,000.00
Financial Management Services	Per month	U8 (required)	T2040	\$49.94
Habilitation Services	Per hour	U8 (required)	T2017	\$23.56
Home Delivered Meals	Per meal	U8 (required)	S5170	\$7.34
Homemaker services	Per hour	U8 (required)	S5130	\$20.66
Institutional Transition Services	Per service	U8 (required)	T2038	\$757.51
Medication Reminder Systems ( not face to face)	Per month	U8 (required)	S5185	\$50.98
Medication Set Up	15 minute	U8 (required)	H0034	\$20.56
Personal Budget Assistance	15 minute	U8 (required)	H0038	\$4.91
Personal emergency response systems purchase, rental & repair	Each	U8 (required)	S5162	\$232.78
Personal emergency response systems response center service	Per month	U8 (required)	S5161	\$40.17
Respite care services	Per hour	U8 (required)	S5150	\$21.63
Respite care services, daily (six hours or more within a day)	Per day	U8 (required)	S5151	\$59.01
Respite care services-Out of Home/Room and Board Included	Per day	U8 (required)	H0045	\$144.10
Specialized Behavioral Health Services (Extended State Plan Service) - Level I	15 minute	U8 (required)	H0004	\$5.28
Specialized Behavioral Health Services (Extended State Plan Service) - Level II	15 minute	U8 (required)	H0023	\$9.20
Specialized Behavioral Health Services (Extended State Plan Service) - Level III	15 minute	U8 (required)	H2019	\$16.79
Specialized medical equipment/supplies/assistive technology	Each	U8 (required)	T2029	\$500.00
Supportive Maintenance ( Home Health Aide) Services	Per hour	U8 (required)	T1021	\$22.33
Transportation - Non-Medical - mile	Per mile	U8 (required)	S0215	\$0.33
Transportation - Non-Medical - one way trip	one way trip	U8 (required)	T2003	\$14.94
Transportation - Non-Medical - Public Transit Pass	Per month	U8 (required)	T2004	\$72.11